

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										yr/mo/day		Inspection Type		Inspector		Fac Type																	
1	2	3	T	N	0	0	7	9	7	8	2	11	12	13	3	20	17	18	S	19	S	20	2												
Remarks																																			
21																																			
Inspection Work Days			Facility Self-Monitoring Evaluation Rating										BI		QA		Reserved																		
67			69										70			71			72			73			74			75							

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Affordable Development NPDES TN79782 Tri-County, Limestone Quarry	Entry Time/Date 10:40 2-20-2013	Permit Effective Date 12-14-2007
	Exit Time/Date 11:40 2-20-2013	Permit Expiration Date 12-13-2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Jimmy Bower Arnold, Managing Member cell ph 423-871-1111	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Site inactive at this time. All drainage from the affected area is being treated with Best Management Practices at this time, processing equipment not on site at this time.	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Jimmy Bower Arnold, Managing Member P.O. Box 999, Lafollett TN 37766	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks	WRM-SM 865-594-5547	2-20-2013
Bruce Ragon	WRM-SM 865-594-5547	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date